



**Massachusetts Department of Environmental Protection
Bureau of Resource Protection
Division of Municipal Services
Drinking Water State Revolving Fund (DWSRF)
2005 Project Evaluation Form**

July 2, 2004

RE: Notice of available financing for projects – Drinking Water State Revolving Fund (DWSRF)

Dear Public Water Supplier:

The Department of Environmental Protection is pleased to announce the availability of financing for the Drinking Water State Revolving Fund (DWSRF) loan program for calendar year 2005. Financial assistance will be provided in the form of reduced interest loans for projects that improve or protect drinking water systems. The amount of financing available for the programs in calendar 2005 will be determined just prior to the publishing of the Draft Intended Use Plans. Financing is available for only Construction and Construction Management costs. Planning, Design and Land Acquisition are not being financed through this program from 2005 DWSRF financial assistance.

The Department of Environmental Protection reviews and approves project proposals, selecting those that will receive financial assistance on the basis of a competitive process. Selection criteria are measures of significant public health benefit and ability to restore or maintain compliance with a drinking water Maximum Contaminant Limits (MCLs). Proponents demonstrating those attributes will receive the highest rankings and are the focus of this solicitation.

Proponents should fill out and submit the Project Evaluation Form (PEF) which is also available at:

<http://www.mass.gov/dep/brp/mf/mfpubs.htm>

DEP has changed the SRF selection criteria for 2005. Water and wastewater infrastructure has a significant impact upon where development has and can occur, so as a result, the SRF programs are being aligned to support the Romney Administration's Sustainable Development principles. That support will be implemented through weighting of SRF solicitation criteria to include sustainable development principles. DEP will accord up to 20% of the available solicitation points in consideration of a community's commitment to Sustainable Development principles. Up to 40 points will be available to communities that achieve a perfect score under the Commonwealth Capital application. Complete information concerning the Commonwealth Capital Application is available at <http://www.mass.gov/ocd/comcap.html>

Applicants should note that the Commonwealth Capital Application process is separate from the SRF process.

Relative to this PEF, please use the corresponding number to identify the response so that the reviewers overlook no important information. The Project Rating criteria that the Department will employ are also at the Department's website at the same address listed above. Hard copies of the PEF are available at four DEP offices, three Regional Offices and Boston.



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If you have any questions about the forms or the program, you are encouraged to contact the appropriate regional DMS Lead staff person.

Northeast Region (Relocated to Boston)
Southeast Region
Central Region
West Region

Kevin Brander	(617) 654-6519
Richard Keith	(508) 946-2784
Paul Anderson	(508) 767-2802
Deirdre Cabral	(413) 755-2148

Please deliver two (2) complete copies of the PEF, with any relevant documentation no later than 12:00 noon on August 31, 2004 to:

**Steven J. McCurdy
Division of Municipal Services
1 Winter Street, 5th Floor
Boston, MA 02108**

Sincerely,

Steven J. McCurdy, Acting Director
Division of Municipal Services



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PWS ID #:

Project No. (from Item 5 of Part I)

Part I - Applicant and Project Identification and Certification

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Public Water System (PWS)

PWS Name

Federal Employer Identification Number

Mailing Address:

Street Address

City

State

Zip Code

Telephone Number

2. PWS Authorized Representative

Name

Title

Mailing Address if different from 1 above:

Street Address

City

State

Zip Code

Telephone Number

3. PWS Contact Person (if different from item 2)

Name

Title

Mailing Address:

Street Address

City

State

Zip Code

Telephone Number



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Part I - Applicant and Project Identification and Certification (cont.)

4. Engineer or Consultant Firm

Firm/Agency

Federal Employer Identification Number

Contact Person

Mailing Address:

Street Address

City

State

Zip Code

Telephone Number

5. Project Identification

Identify the project(s) for which you are seeking financial assistance. **IMPORTANT:** If more than one project, number the projects sequentially, and attach separate Part II and Part III forms for each project.

No.	Name/brief description of project (1 or 2 sentence summary)	River Basin
01		
02		
03		
04		

6. Certification

To the best of my knowledge and belief the information provided on this form and the accompanying forms and attachments is true, correct, and complete; and I am authorized to file this form on behalf of the below-named Public Water Supplier.

Public Water System

Typed Name

Title

Signature

Date



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Part II - Project Schedule and Costs

1. Project Status and Schedule

Indicate projected dates in mm/dd/yy format. For steps already accomplished, follow the date with the letter "A" to indicate an actual date.

	Start	Finish
Engineering/Design	_____	_____
Construction/Implementation	_____	_____

2. Project Costs

State estimated cost in \$1000s for the Construction/Implementation stage of the project:

		Total Cost	Eligible Cost
Provide a detailed breakdown of the estimated technical (construction services) and construction costs. Use an ENR Index of 7250. If available, provide a completed engineer's estimate for each construction contract.	Construction	_____	_____
	Contract No.	_____	_____
	Contract No.	_____	_____
	Contract No.	_____	_____
	Total Construction:	_____	_____
If the project includes costs for police traffic details, provide an explanation and detailed breakdown of the estimate.	Construction Contingency:	_____	_____
	Construction Services:	_____	_____
	Police Traffic Detail:	_____	_____
	Total:	_____	_____

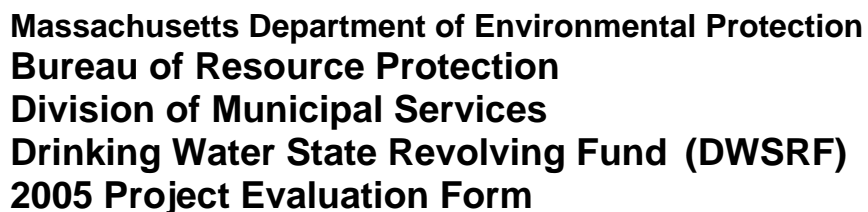
3. Local Funding Authorization

Identify the governing body empowered to commit funding: _____

Identify the type of action required to authorize funding: _____

Has local funding been authorized? (Y/N): ☐ Yes ☐ No If yes, attach copy of appropriate document

If no, planned date for authorization: _____
Date



Project No. (from Item 5 of Part I)

4. Other Assistance

Loan/Grant Program	Type of Assistance	Amount Requested	Amount Received
Federal			
State			
Regional			
Private			
Other			

Concisely describe the proposed project:

[illegible]



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Part III - Project Criteria Information and Documentation (cont.)

Please answer the following questions succinctly, and **ONLY AS THEY APPLY TO THIS PROJECT**. Questions related to violations apply only where there is a clear demonstration of the direct relationship of the project to the violation in question.

Document problems or conditions, providing Board of Health reports, Water System/Supplier logs or Public Works logs.

For any questions that do not apply to the project, indicate "N/A".

Responses that do not fit on this form should be typed on plain paper, numbered according to the question, and appended to the application. The question numbering system corresponds to that of the Project Rating Score Sheet. Include the PWS ID No. and sequential Project No. at the top right corner of any attachments.

The severity of the public health problem the project is intended to address:

The time period applicable to each question below is the most recent 18 months of operation. If the system has been out of service for some period, or intermittently out of service, due to the conditions that the project is designed to mitigate, the most recent period of operation may be some time ago. Identify the period or periods, which represent the latest 18 months of operation.

List the dates (or sets of dates) which constitute the 18 most recent months of operation:
Applications without this information will not be considered.

From: _____ To: _____ From: _____ To: _____
Date Date Date Date

Acute Contaminants: Include the PWS report that documents the exceedance.

- (1) Microbiological - According to the monitoring information for the portion of the system applicable to the proposed project, list the dates on which a microbiological MCL was exceeded.

Date of Exceedance

- (2) Nitrate - List the dates on which the nitrate level exceeded 5 mg/l or 10 mg/l.

Date of Exceedance (5 mg/l)

Date of Exceedance (10 mg/l)



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Part III - Project Criteria Information and Documentation (cont.)

- (3) Arsenic- List dates on which As has exceeded 10 ppb.

Date of Exceedance

_____	_____
_____	_____

- (4) Perchlorate- List the dates on which perchlorate exceeded 1 ppb.

Date of Exceedance

_____	_____
_____	_____

- (5) Boil orders - Was the system under DEP/Drinking Water Program (DWP) boil order during the most recent 18 months of operation? If so, list the dates on which a boil order was in effect.

Date of Boil Order

_____	_____
_____	_____

- (6) Turbidity - List the dates on which turbidity has exceeded MCL or action level.

Date of Exceedance

Chronic Contaminants

- (7) Inorganic - List the dates on which inorganics have exceeded the MCL.

Contaminant Type

Date of Exceedance

_____	_____
_____	_____
_____	_____



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- (8) Radiological - List the dates on which radiological monitoring has exceeded MCL or action levels.

Date of Exceedance

- (9) Organics - List the dates on which organic chemicals have exceeded MCLs or action levels.

Contaminant Type

Date of Exceedance

- (10) SDWA Violations - List the dates of any criterion exceedance, (i.e Lead & Copper, Surface Water Treatment, Disinfection by-product, etc.)

Criterion Violation

Date of Exceedance

- (11) Secondary contaminants - List the dates of violation of secondary contaminants as determined by the EPA and the DEP (i.e. iron & manganese, turbidity, odor, color, etc.)

Contaminant Type

Date of Exceedance



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Storage And Distribution Capacity/Quantity/Reliability Of System: The purpose of the project must be to mitigate the problem described.

(12) What is the average daily demand of the system, in millions of gallons per day? _____ mgd

What is the storage capacity of the system in millions of gallons? _____ mg

(13) Are there continual shortages as evidenced by a DEP emergency declaration? ☐ Yes ☐ No
If yes, please explain, and note the frequency and duration of such emergency declarations.

(14) Are there water quantity problems not related to a DEP-declared emergency? ☐ Yes ☐ No
If yes, please identify any such problem(s) and the date(s) of occurrence.

(15) Are pressures maintained between 20 and 80 psi? ☐ Yes ☐ No
If not, please describe the pressure situation.

(16) Will the project provide needed corrosion control (pH <6.5 or alkalinity <30)? ☐ Yes ☐ No

(17) Will lead services under the ownership of the Water Supplier be replaced within the project area?

☐ Yes ☐ No _____ Number Please describe below.

(18) Number of breaks within the proposed water main replacement area: _____

Miles of main being replaced through project: _____ Breaks/Mile

(19) Will the project replace vinyl-lined pipe? ☐ Yes ☐ No Please describe below.

(20) Will the project replace asbestos cement pipe? ☐ Yes ☐ No Please describe below.



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Part III - Project Criteria Information and Documentation (cont.)

(21) Will the project area eliminate dead ends OR provide hydrants, bleed valves and/or blow-offs at dead ends?

☐ Yes

☐ No

Please describe below.

(22) Does the project provide emergency back-up power supply to the treatment facility? ☐ Yes ☐ No
Please describe below.

(23) Will the project construct adequately sized interconnections with other Public Water Systems?
☐ Yes ☐ No Please describe below.

(24) Is the system affected by tuberculation, evidenced by a flow study or other credible data (biofilm)?
Please describe below and attach documentation of the problem.

(25) Describe capital investments undertaken under this project that will enhance the security of the PWS sources, facilities or distribution systems.

(26) What is the size of the population affected by the portion of the system to benefit from this project?

population

Please provide a brief explanation.



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- (27) Using the three statements below, select the one which provides the best description of the benefits of your project. Please provide a brief explanation of the basis for your selection.

Proposed project significantly addresses identified public health threat. ☐

Proposed project moderately addresses identified public health threat. ☐

Proposed project marginally addresses identified public health threat. ☐

Please provide a brief explanation.

- (28) Is the project needed to ensure compliance with an existing (as of August 31, 2004) federal or state court or administrative order? ☐ Yes ☐ No
If yes, please note the date(s) of the order(s) and describe the order(s) and how the project will allow the system to comply with it (them).
-
-

Is the project needed to come into or maintain compliance with 310 CMR 22.00, the SDWA, or other required or related federal or state permit or approval, including the Department's approval of a new drinking water source? ☐ Yes ☐ No

Please state the compliance need and describe how the project will enable the system to come into or maintain compliance.

- (29) Does the project provide DEP-required disinfection of a ground water source? ☐ Yes ☐ No

- (30) Does the project provide DEP-required proper well construction? ☐ Yes ☐ No

- (31) Does the project provide DEP-required adequate water treatment residuals management? ☐ Yes ☐ No



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(32) Does the project provide corrosion control treatment that is required but is not presently available or is not adequate and does not meet standards? ☐ Yes ☐ No

Describe, if applicable, how the project proponent addresses one or more of the attributes below. Please check applicable box.

YES

NO

☐ ☐ (33) Has the system had any Safe Drinking Water Act violations within the 12 months prior to this application?

☐ ☐ (34) Does the system have customer metering and if so, what is the total % of customers metered? Percentage

☐ ☐ (35) Will the project upgrade or replace any pump stations? If so, how many? Number

☐ ☐ (36) Will the project upgrade or replace any existing wells?

☐ ☐ (37) Will the project automate a treatment facility?

☐ ☐ (38) Will the project result in upgrade or replacement of an intake structure?

☐ ☐ (39) Is the system located in a high or medium stress basin?

If the system is located in a low/unassessed basin in an area with localized environmental impacts (stresses) as reflected in a water management act permit conditions, please describe:

☐ ☐ (40)(a) Has the system performed a complete water works system Water Audit the past 2 years?

☐ ☐ (b) Has the system performed a leak detection survey of 100% of the distribution system within the last 2 years?

(c) Has fixed approximately what percentage of leaks (3 gpm or larger) detected in above survey: 100% ☐ 50% or more ☐ < 50% ☐

(41) (a) What is the residential gallon per capita day water use rate? gpcd

(b) What is the system's rate of unaccounted-for-water? %

Express as percentage of unaccounted-for-water compared with total system use. Please describe, consistent with your reporting in the annual survey.

☐ ☐ (c) Are all master meters and venturi instrumentation calibrated twice per year?

☐ ☐ (42) Does the system have a DEP-approved Source Water Protection Plan?

☐ ☐ (43) Has the system taken significant local action to encourage water conservation such as an increasing block rate?



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- ☐ ☐ (44) Does project achieve compliance in anticipation of an upcoming requirement? Describe.
- (45) Does the system's service area have a median income of \$40,401 or less? (That is, 80% or less of 1999 State Median Household Income (MHI) of \$50,502.) ☐ Yes ☐ No

To answer this question, proponents may use the MHI prepared by the US Census from 1999 <http://quickfacts.census.gov> for the most appropriate city, town, or census designated place completely including the service area of the applicant. If that service area includes more than one such designated MHI area, a weighted overall average based on population served in each of the covered MHI areas times the MHI for that area plus the same for any other such area, and divided by the total number served, shall be used to calculate the combined MHI.

Alternatively, applicants may provide a service-area-specific MHI from an independent income survey covering the service area, provided that said independent survey is no more than eleven years old at the time of application.

- (46) Will the rates to end users, after implementation of the project, exceed 1% of the median household income MHI) of the service area? ☐ Yes ☐ No
- If so, indicate which range below best describes the resultant rate. Provide documentation to support the estimate. Specifically, provide evidence of current residential rates.
- ☐ Resultant rate greater than 1.75% of MHI.
- ☐ Resultant rate 1.5% to 1.749% of MHI.
- ☐ Resultant rate 1.25% to 1.499% of MHI
- ☐ Resultant rate 1.0% to 1.1.249% of MHI

Whether the project consolidates and/or restructures a public water system (takeover/consolidation) to eliminate a public health problem or capacity development problem.

- (47) Is the applicant restructuring or otherwise preparing to consolidate with or take over operation of one or more other systems? ☐ Yes ☐ No

If yes, how many? _____

What is the reason for each proposed consolidation/takeover?

- (48) Will the consolidation/restructuring result in replacement of a contaminated source instead of treating contamination (or otherwise addressing a threat of contamination as determined by a DEP-approved study indicating a plume of contamination moving toward a source) in the system to be taken over? ☐ Yes ☐ No



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The extent to which the project implements or is consistent with one or more current watershed management plans (e.g., DEP basin plans) and/or watershed protection plans. Please submit a copy of the plan.

(49) Does the proposed project implement an EOEa Watershed Plan recommendation? ☐ Yes ☐ No

If yes, describe the plan and how the project implements the recommendation.

Does the project implement a 1989 or more recent System Master Plan or facility plan recommendation?
☐ Yes ☐ No

If yes, please supply relevant section of that approved plan.

Does the project implement a local Capital planning recommendation? ☐ Yes ☐ No

What is that recommendation, and who is the plan approver?

Does the project implement a regional watershed priority as determined by DEP? ☐ Yes ☐ No
If yes, please describe.



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Does the project constitute a component of a multi-community or regional approach and Sustainable Development?

(50) To what extent does the proposed project offer multi-community or regional solution(s) to a problem? Identify the problem and describe the manner and extent to which the project would provide resolution of that (those) problem(s) (combining systems, creation of economies of scale, elimination of contaminated source in guest community, creation of Intermunicipal Agreement).

(51) What is the approved score from the Commonwealth Capital Application for your community? Please provide either the approved score or write "TBD" if the score has yet to be approved by the Office of Commonwealth Development.

Applicants can submit their completed Commonwealth Capital Application to:

Massachusetts Office for Commonwealth Development, Attn: Commonwealth Capital
100 Cambridge Street, 10th floor
Boston, MA 02114

Thank you for completing this Project Evaluation Form. Please take a few moments to ensure that you have followed the following steps:

- **Review all questions to make sure that you have answered all that are relative to your project and that you have provided documentation of the nature and extent of problems.**
 - **Supply relevant sections of planning documents that support your project approach or technology.**
-